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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	J-3864
First Named Inventor	Kotary et al.
COMPLETE IF KNOWN	
Application Number	10/607,702
Filing Date	June 27, 2003
Art Unit	3752
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BREAKABLE WICK FOR USE IN A DISPENSER FOR A VOLATILE LIQUID

(Title of the Invention)

the specification of which

☐ is attached hereto**OR**☒ was filed on (MM/DD/YYYY) **06/27/2003** as United States Application Number or PCT InternationalApplication Number **10/607,702** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

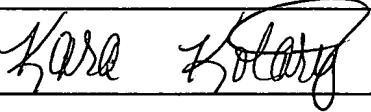
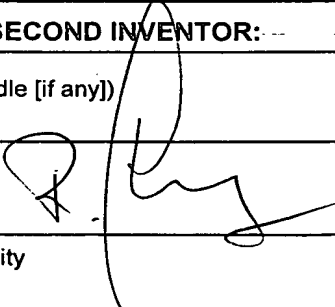
(Page 1 of 2)

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

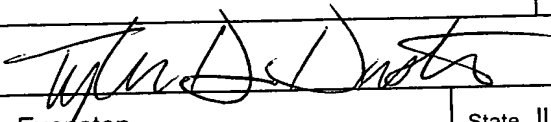
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## DECLARATION—Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <b>28165</b> OR <input type="checkbox"/> Correspondence address below			
Name <b>Robert A. Miller</b>			
Address <b>S.C. Johnson &amp; Son, Inc. 1525 Howe Street</b>			
City <b>Racine</b>		State <b>WI</b>	ZIP <b>53403</b>
Country <b>USA</b>	Telephone <b>262-260-4975</b>		Fax <b>262-260-4253</b>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Kara L.</b>		Family Name or Surname <b>Kotary</b>	
Inventor's Signature 			Date <b>8/18/03</b>
Residence: City <b>Racine</b>	State <b>WI</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>3611 Mercury Lane</b>			
City <b>Racine</b>	State <b>WI</b>	ZIP <b>53404</b>	Country <b>US</b>
NAME OF SECOND INVENTOR: --		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any]) <b>Ralph</b>		Family Name or Surname <b>Schwarz</b>	
Inventor's Signature 			Date <b>8/18/03</b>
Residence: City <b>Racine</b>	State <b>WI</b>	Country <b>US</b>	Citizenship <b>Germany</b>
Mailing Address <b>1135 Lake Avenue</b>			
City <b>Racine</b>	State <b>WI</b>	ZIP <b>53406</b>	Country <b>US</b>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 3 of 3

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tyler D.		Duston	
Inventor's Signature 		Date <u>18 Aug 03</u>	
Residence: City	Evanston	State	IL
Country	US	Citizenship	US
Mailing Address 840 A Forest Avenue			
Mailing Address			
City	Evanston	State	IL
Zip	60202	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature			
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/607,702
Filing Date	June 27, 2003
First Named Inventor	Kara L. Kotary
Title	Breakable Wick for Use in...
Group Art Unit	3752
Examiner Name	
Attorney Docket Number	J-3864

I hereby appoint:

☒ Practitioners at Customer Number

28165

Place Customer  
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OR

☒ Practitioner(s) named below:

Name	Registration Number
Timothy J. Keefer	35,567
Thomas J. Ring	29,971

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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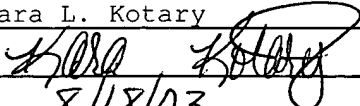
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Kara L. Kotary
Signature	
Date	8/18/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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SIGNATURE of Applicant or Assignee of Record

Name

Ralph Schwarz

Signature

Date

8/18/05

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**SIGNATURE of Applicant or Assignee of Record**

Name	Tyler D. Duston
Signature	
Date	18 Aug 03

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